

EXHIBIT 2

Earl Gavin
300 Marion Ave
Gaffney SC 29341
12/29/2017

Experian
P.O. Box 2002
Allen, TX 75013

Final Request Pursuant to 15 U.S.C. § 1681g(a)(1)

To whom it may concern:

I am writing in regard to your response to my initial request for my ***Full Consumer File Disclosure***. My request was very specific and I provided the exact sections of the FCRA which require you to provide it to me (see copy of my original letter attached). Your response was not correct in that you did not provide the ***Full Consumer File Disclosure*** as requested. I will once again state that I am requesting my ***Full Consumer File Disclosure*** pursuant to 15 U.S.C. § 1681g(a)(1) to include all other such information listed specifically in my initial letter. No response by you other than providing the ***Full Consumer File Disclosure*** as required by the FCRA will be appropriate or accepted by me.

My initial letter was my first request for the ***Full Consumer File Disclosure*** within the past 12 months and there is no provision in the FCRA which allows you to charge me for it. I expect your full compliance with the law and for me to receive my ***Full Consumer File Disclosure*** in a timely manner as required by the FCRA. Your failure to do so will result in me initiating legal action against you to force compliance under the law. Your timely response is appreciated. Act accordingly.

Once again as was provided with my initial request, I am enclosing a copy of my driver's license and Social Security Card for identification purposes. You are instructed to mask the first five digits of my Social Security Number in all writings you return to me.

Thank you in advance for promptly satisfying this request.

Thank You

Earl Gavin

Attached:

Copies of my Social Security Card & Driver's License
Sent: USPS Certified Mail # 7016-3560-0001-1458-8669
Return Receipt Requested

Earl Gavin
300 Marion Ave
Gaffney SC 29341
12/29/2017

Equifax
P.O. Box 740256
Atlanta, GA 30374

Final Request Pursuant to 15 U.S.C. § 1681g(a)(1)

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Thank you in advance for promptly satisfying this request.

Thank You

Earl Gavin

Attached:

Copies of my Social Security Card & Driver's License
Sent: USPS Certified Mail # 7016-3560-0001-1458-8706
Return Receipt Requested

Earl Gavin
300 Marion Ave
Gaffney SC 29341
12/29/2017

Trans Union
P.O. Box 2000
Chester, PA 19022

Final Request Pursuant to 15 U.S.C. § 1681g(a)(1)

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I am writing in regard to your response to my initial request for my ***Full Consumer File Disclosure***. My request was very specific and I provided the exact sections of the FCRA which require you to provide it to me (see copy of my original letter attached). Your response was not correct in that you did not provide the ***Full Consumer File Disclosure*** as requested. I will once again state that I am requesting my ***Full Consumer File Disclosure*** pursuant to 15 U.S.C. § 1681g(a)(1) to include all other such information listed specifically in my initial letter. No response by you other than providing the ***Full Consumer File Disclosure*** as required by the FCRA will be appropriate or accepted by me.

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Thank you in advance for promptly satisfying this request.

Thank You

Earl Gavin

Attached:

Copies of my Social Security Card & Driver's License
Sent: USPS Certified Mail # 7016-3560-0001-1458-8676
Return Receipt Requested

- so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

EQUIFAX
P.O. Box 740256
Atlanta GA 30374



9590 9402 1806 6074 0167 40

7016 3560 0001 1458 8706

PS Form 3811, July 2015 PSN 7530-02-000-9053

STEMME A HICKS

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

* DEC 31 2017 *

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Registered Mail
Registered Mail Restricted Delivery
(over \$500)

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

TRANS UNION 2 2018
P.O. Box 2000
Chester PA 19016



9590 9402 1806 6074 0167 64

2. Article Number (Transfer from service label)
7016 3560 0001 1458 8676

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Registered Mail
Registered Mail Restricted Delivery
(over \$500)

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

EXPERIAN
P.O. Box 2002
Allen TX 75013



9590 9402 1806 6074 0167 57

2. Article Number (Transfer from service label)
7016 3560 0001 1458 8669

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Registered Mail
Registered Mail Restricted Delivery
(over \$500)

7017 1450 0001 6355 9954

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®.	
WOODLYN, PA 19094	
Certified Mail Fee \$3.35	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$0.00	
<input type="checkbox"/> Return Receipt (electronic) \$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery \$0.00	
<input type="checkbox"/> Adult Signature Required \$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery \$0.00	
Postage \$0.49	
Total Postage and Fees \$3.84	
Sent To: TRANSUNION	
Street and Apt. No., or PO Box No.	
City, State, ZIP+4® WOODLYN, PA 19094-0805	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

7017 1450 0001 6355 9930

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®.	
ATLANTA, GA 30348	
Certified Mail Fee \$3.35	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$0.00	
<input type="checkbox"/> Return Receipt (electronic) \$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery \$0.00	
<input type="checkbox"/> Adult Signature Required \$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery \$0.00	
Postage \$0.49	
Total Postage and Fees \$3.84	
Sent To: Equifax	
Street and Apt. No., or PO Box No.	
City, State, ZIP+4® Atlanta GA 30348	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

7017 1450 0001 6355 9893

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®.	
ALLEN, TX 75013	
Certified Mail Fee \$3.35	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$0.00	
<input type="checkbox"/> Return Receipt (electronic) \$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery \$0.00	
<input type="checkbox"/> Adult Signature Required \$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery \$0.00	
Postage \$0.49	
Total Postage and Fees \$3.84	
Sent To: Experian	
Street and Apt. No., or PO Box No.	
City, State, ZIP+4® Allen TX 75013	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	